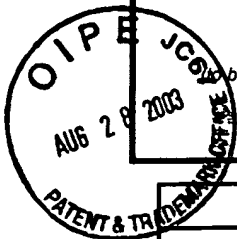


# TRANSMITTAL FORM



to be used for all correspondence after initial filing)

Attorney Docket No.	2100
Application Number	10/051,316
Filing Date	January 18, 2002
First Named Inventor	Alfred Thomas et al.
Group Art Unit	3714
Examiner	White, Carmen D.

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment w/check for \$126.00 additional claims <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Change of Status From Small to Large Entity <input checked="" type="checkbox"/> Extension of Time Request (dupic) with check in the for \$205-.00 <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement, PTO-1449 w/check for \$180.00 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Applicant claims small entity status. <input type="checkbox"/> Request of Refund	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>SEP 03 2003</b>          TECHNOLOGY CENTER RB700       </div>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.		

## CALCULATION OF FEE

					Small Entity		or	Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee		Rate	Add'l Fee
Tot al	104	Minus	111	0	x \$9=	0		x \$18=	
Ind ep.	11	Minus	8	3	x \$42=	\$126.00		x \$84=	
First Presentation of Multiple Dep. Claim					+\$140=	---		+\$280=	
					total add'l fee	\$126.00		total add'l fee	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Allison M. Dudley Registration No. 50,545 BANIAK PINE & GANNON, 150 N. Wacker Drive, Suite 1200, Chicago, Illinois 60606		
Signature		Date:	August 28, 2003

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail No. EV 343783569 US in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:		8/28/03
Signature	 Allison M. Dudley Reg. No. 50,545	Date: August 28, 2003